

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: OPTOMETRIC CARE TECHNICAL ADVISORY COMMITTEE
MEETING

February 6, 2020
1:00 P.M.
Cabinet for Health & Family Services
Thompson Conference Room
275 East Main Street
Frankfort, Kentucky

APPEARANCES

Matthew Burchett
CHAIR

James Sawyer
Steve Compton
Gary Upchurch
TAC MEMBER PRESENT

CAPITAL CITY COURT REPORTING
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APPEARANCES
(Continued)

Lisa Lee
Stephanie Bates
Angela Parker
Michelle Rudovich
Sharley Hughes
Charles Douglass
Sheldon Robinson
MEDICAID SERVICES

Jean O'Brien
ANTHEM

Cathy Stephens
HUMANA

Candace Gurley
AETNA BETTER HEALTH

Stuart Owen
WELLCARE

Sean Pleasant
PASSPORT

Nicole Allen
Mel Taylor
Dale Miracle
LeeAnn Ellis
AVESIS

Ronnie Smith
Jessica Swick
EYEQUEST

Sarah Unger
Dinah Bevington
KENTUCKY OPTOMETRIC
ASSOCIATION

Cindy Holman
COMPTON & COMPTON EYE CARE

AGENDA

Call to Order

Attendance/Introductions

Approval of November, 2019 TAC Minutes

Old Business

- * Any issues with new foster children with the vision contractors that begin on 1/1/2020?
- * DMS update on dental code for no shows. Any options available for other provider types?

New Business

- * Vision Fee Schedule delete 92225 and 92226. add 92201 and 92202
- * Confirmation that new MCO contracts will not begin until 1/1/2021
- * Co-pay discussion (Dr. Compton or DMS can report what was explained at MAC)
- * MPPR Portal update:
 - How many optometrists have an account on the portal?
 - How many optometry offices have been on the DMS webinars in January?
 - Can optometrists only submit license in the portal for their 2020 renewal?
 - What happens if KBOE and Medicaid are able to share file of licensed optometrists in 2020 - do optometrists still have to upload license on portal?

MAC Recommendations for March

2020 Optometric TAC Dates:

May 14, 2020

August 6, 2020

November 5, 2020

1 DR. BURCHETT: Is everybody
2 ready?

3 MS. HUGHES: Dr. Burchett, just
4 as an FYI, Commissioner Lee will need to leave a
5 little early and so does Michelle Rudovich who is
6 with Program Integrity.

7 So, if we could get them on the
8 first thing right after the introductions, that would
9 be great.

10 DR. BURCHETT: That's exactly
11 what we're going to do.

12 MS. HUGHES: Okay. Thank you.

13 DR. BURCHETT: So, let's get
14 started, everyone. Thanks for showing up again. I
15 know a lot of faces but some I don't, so, we will do
16 what we normally do - go around and everybody
17 introduce who they are and what they are doing here.

18 (INTRODUCTIONS)

19 DR. BURCHETT: Thank you,
20 everyone. So, I guess we're going to jump right down
21 to the end of the agenda where we normally ask
22 questions of the Department. We'll let you all go
23 first and kind of tell us what's happening now.

24 COMMISSIONER LEE: So, I'm Lisa
25 Lee. For those of you who don't know, I am returning

1 to Medicaid. I have sixteen years previously in the
2 Medicaid agency. I served in a lot of different
3 roles when I was here previously. So, I have a big,
4 broad-based knowledge of Medicaid and how the
5 programs interact together.

6 As you know, one of the big
7 initiatives from the previous Administration was
8 Kentucky HEALTH. It was a waiver that had various
9 components in it.

10 We have submitted a letter to
11 withdraw that waiver except for some components such
12 as the substance use disorder piece that was outlined
13 in the waiver.

14 We have also been looking at
15 the copay processes and maybe what we can do to
16 either waive those or eliminate those. They are in
17 statute right now. So, we have to look at that but
18 that's something that we are exploring.

19 The goals of this
20 Administration and some of our initiatives include
21 outreach and enrollment efforts. There has been a
22 significant drop in the number of children that are
23 enrolled in the Medicaid Program and in CHIP.

24 We want to conduct an outreach
25 campaign to find those children and get them back

1 into the program because we all know that early
2 intervention is a key to having those children
3 healthier as we go forward.

4 And along those lines, we also
5 want to increase access to care for our individuals.
6 We want to make sure that they are getting the right
7 services at the right time.

8 So, those are some of the
9 initiatives that we have right now, and I think later
10 on as we go along, Stephanie may be able to speak to
11 some more things that are happening in the Division,
12 but I am very happy to be back.

13 I have worked with many of you
14 before and look forward to working with you to make
15 sure that our population gets the services that they
16 need.

17 DR. BURCHETT: Excellent.

18 MS. BATES: Charles, do you want
19 to speak to the vision codes?

20 MR. DOUGLASS: Sure. I put in a
21 change order for the vision codes requesting that
22 they be a high priority, and I just got a message
23 before I came here that they're going to push them on
24 through.

25 So, they may very well be in

1 there by close of business tomorrow, if not Monday,
2 and the other ones will be end-dated as requested.

3 MS. BATES: And, then, you all
4 had something on here about the MCO contracts. So,
5 we are now in open procurement obviously. So, we
6 can't really say a whole lot, but they will be
7 awarded for a start date as of right now of 1/1/2,
8 so, just to confirm that.

9 DR. BURCHETT: That's what we
10 heard. I was just making sure that that was when it
11 was.

12 MS. BATES: So, that's that.
13 And, I guess, do you want to go ahead and jump in
14 here?

15 MS. RUDOVICH: Okay. Great.
16 Thank you. I have a handout. I know I don't have
17 enough for everyone in the room, but my understanding
18 is it will also be emailed later.

19 So, in response to the
20 questions that were posed, the first question I
21 received were the number of optometrists on the
22 portal. And the information that I have received
23 from Provider Enrollment which is a Branch of the
24 Division of Program Integrity is that we have 105
25 optometrists that have an account on the portal.

1 Many optometrists are also
2 working with credentialing groups. So, on the
3 portal, there are 111 credentialing agents that have
4 started enrollment applications or who have updated
5 applications for a total of 193 optometrists'
6 information.

7 Please stop me if you have any
8 questions and I will just keep moving along through
9 the questions that I had received.

10 There was a question posed
11 about how many optometry offices have been on the
12 Medicaid webinars in January, and the response that I
13 received was that there have been 55 optometrists or
14 optometry groups that have attended the January DMS
15 webinars.

16 I have also outlined the
17 website for the webinars, and hopefully that link
18 will be live or one that you can just cut and paste
19 when the email is sent and also the dates for
20 upcoming webinars for your convenience, as well as
21 some training materials.

22 The third question that I
23 received is in regards to if optometrists can submit
24 their license information on the portal for the 2020
25 renewal and that answer is yes. I have outlined the

1 KRS that is applicable.

2 And, then, the last question I
3 received is in regards to whether we could have a
4 file-sharing arrangement for the licenses to be
5 updated.

6 And that answer is also yes and
7 is something that we would love to engage the Board
8 in. We're actually in the process of doing this with
9 other boards and it's been successful so far.

10 I have included my email
11 address in response to the last question. And if a
12 representative wants to contact me, we can make
13 arrangements, which for other boards, from the
14 feedback I have been receiving, it's been an asset to
15 providers.

16 If they have updated their
17 license with the Board by a certain deadline, then,
18 the Board forwards the information to us. So, that
19 way they know and they will have to go into the
20 portal for that piece of it. So, that's certainly
21 something that we would love to engage this Board
22 with as well.

23 DR. BURCHETT: Sure.

24 MS. BATES: Do you all have any
25 questions for Michelle?

1 MS. HUGHES: And I will email
2 this to you all so you don't have to retype that link
3 to get into the webinar.

4 DR. BURCHETT: I do practice
5 with one of the people on the Board of Examiners.
6 So, I will pass that along to him and see if we can
7 facilitate maybe something happening there.

8 MS. UNGER: I think we've
9 actually been in talks.

10 DR. BURCHETT: Have they? Okay.

11 MS. RUDOVICH: I think that they
12 have and I think those just need to continue, but
13 that's something that we can definitely do.

14 MS. UNGER: But going back to
15 the second-to-the-last question, so, they should not
16 be sending in like their paper copy. You have to use
17 the portal to submit your copy of your license,
18 correct?

19 MS. RUDOVICH: Correct, yes. We
20 would like for everything to go through the portal at
21 this point. We do have members of our staff that are
22 available to assist providers if there are questions
23 or if they encounter any problems but we would like
24 to use the portal for everything at this
25 point.

1 DR. COMPTON: Have you gotten
2 any feedback on how user-friendly it is?

3 MS. RUDOVICH: The responses
4 that we have received is that providers like the
5 ability to engage in the portal, that they find it
6 easier to communicate with members of Medicaid that
7 are addressing the applications.

8 We've had some contact with
9 members of the community that access portals in a
10 variety of states and we've heard good feedback for
11 how Kentucky's is as compared to other states.

12 But certainly if there's
13 additional feedback, we'd love to hear it and take
14 any constructive criticism or praise of the portal
15 back to the team that works on it.

16 DR. COMPTON: We're struggling a
17 little bit, right?

18 MS. BATES: With the portal?

19 MS. HOLMAN: Yes.

20 MS. RUDOVICH: My email address
21 is here. If you would like to email me, then, we can
22 have a dialogue about it and see what the specific
23 issues are, or if you have a card that you'd like to
24 provide after the meeting, we can certainly see if we
25 can identify the issue.

1 DR. COMPTON: Maybe it's just
2 us. That's happened before.

3 MS. RUDOVICH: If it is a more
4 widespread issue, we certainly welcome all feedback,
5 but we do want the portal to be user-friendly and it
6 to be an asset for providers. So, we certainly
7 welcome any feedback and have been taking all
8 feedback, both positive and negative, back in
9 development.

10 DR. COMPTON: Thank you.

11 MS. BATES: I really can't think
12 of any more updates other than we're deep in the
13 throws of a budget session. So, you can imagine,
14 there's people running around everywhere; but if you
15 have any questions for us, we're happy to try and
16 answer them.

17 DR. BURCHETT: I do have one
18 actually. When you mentioned the number of kids
19 enrolled is low, do we know why that happened?

20 COMMISSIONER LEE: We don't. We
21 have been looking at our data to see what the
22 disenrollment reasons are. We can't pinpoint it to
23 any one thing. It could be a variety of different
24 issues.

25 At first, we thought maybe they

1 were disenrolling and maybe moving into private
2 insurance or something like that, but a national
3 report just came out yesterday or maybe the day
4 before detailing the number of uninsured children
5 nationwide and Kentucky was in one of the top ten,
6 eleven states that showed a significant decrease in
7 children.

8 So, we're not sure if it's some
9 of the policies at the national level or some
10 confusion, but it's on our radar and we're definitely
11 going to do another outreach similar to what we did
12 when we first implemented KCHIP.

13 And, then, again, when we
14 eliminated that paper application, we had a huge
15 outreach and increased our child enrollment. So, you
16 will see some uptick in our outreach efforts to
17 increase the number of children.

18 DR. BURCHETT: Thank you.
19 Steve, you had something on there about the copay
20 discussion.

21 DR. COMPTON: Just what I
22 remember that by statute now, it's mandatory.
23 Previously maybe it had been optional and the MCOs
24 elected not to charge the copay.

25 MS. BATES: So, the way it was

1 before, before it was mandatory was fee-for-service
2 did have copays, but for MCOs, they had the ability
3 to waive them and most of them waived most of the
4 copays. And, so, then, it went to mandatory and
5 that's what the Commissioner is talking about is
6 we're taking another look at that and possibly
7 allowing the waiving again or eliminating them
8 altogether.

9 DR. BURCHETT: That would be
10 great.

11 COMMISSIONER LEE: We'll keep
12 communications open about that.

13 DR. COMPTON: It can be a
14 barrier to care.

15 MS. BATES: It's just not, from
16 this perspective, not something you can just switch
17 because you have system changes and regulations and
18 statutes and you just have to make sure you get all
19 the stuff right, and money, money also.

20 DR. COMPTON: Do you want me to
21 touch on that dental no-show code?

22 DR. BURCHETT: Yes, go ahead.

23 DR. COMPTON: We can't use it.
24 There's no CPT code for a no show. That's a dental
25 code and they've got their own set of codes. So,

1 unless we can get the AMA to add that CPT code to the
2 book----

3 MS. BATES: Which wouldn't be a
4 bad idea if you could get them to add it, right?

5 DR. BURCHETT: Sure.

6 DR. COMPTON: Maybe just to
7 track stuff.

8 COMMISSIONER LEE: Any more
9 questions for the Department? If not, I might sneak
10 right out. Michelle and I both have another meeting.

11 MS. BATES: And I'll stay until
12 2:00.

13 MR. BURCHETT: Thank you. So,
14 let's go back and I will ask if there's a motion to
15 approve the minutes from the last meeting?

16 DR. COMPTON: So moved.

17 DR. UPCHURCH: Second.

18 MR. BURCHETT: Any discussion on
19 that? All in favor of approving the minutes from the
20 last meeting, say aye. Those are approved.

21 I think they have just about
22 gone over everything on our list.

23 MS. HUGHES: You all may have a
24 short meeting.

25 MS. ALLEN: Dr. Burchett, may I

1 ask a quick question?

2 DR. BURCHETT: You sure may.

3 MS. ALLEN: Are the meeting

4 minutes still posted on the website? I haven't seen

5 them recently and I wonder if I'm overlooking them.

6 I know the website has changed.

7 MS. HUGHES: The last meeting

8 will be after today. I don't put them out there

9 until the TAC actually approves them.

10 MS. ALLEN: Okay. Thank you.

11 DR. BURCHETT: So, we've got

12 another item under Old Business of the foster

13 children process. Are there any other updates on

14 that process? Everything is kind of where we left it

15 last TAC meeting?

16 MS. ALLEN: No news is good

17 news.

18 DR. BURCHETT: Okay. Good. Is

19 anybody having any trouble?

20 DR. UPCHURCH: Right now it's

21 working well. Of course, everything has just flipped

22 over to a new year, so, everybody that we're getting

23 in hasn't had time to----

24 DR. BURCHETT: Have that other

25 exam.

1 DR. UPCHURCH: ----have had
2 that other exam. So, we really don't know for sure.

3 DR. BURCHETT: And that usually
4 comes midway through the year for me when I start to
5 see stuff. Okay.

6 DR. UPCHURCH: We have not had
7 any issues getting it corrected, though, when it did
8 happen.

9 DR. BURCHETT: I've got two
10 other things to bring up under maybe New Business
11 that came to mind while I was driving up here.

12 One is any of the MCOs that
13 aren't currently offering adult glasses, are they
14 planning on offering that benefit coming this year?

15 MS. ALLEN: To my knowledge, for
16 the MCOs that Avesis administer, those that are
17 offering are currently and will continue but we have
18 not received notification that there will be anything
19 for 2020.

20 The 2021 benefits usually are
21 not billed or decided upon until that June/July time
22 frame. So, we'll know for 2021 if anything will move
23 forward.

24 DR. BURCHETT: Okay. And I
25 assume Anthem is still continuing?

1 MR. SMITH: Continuing to do it,
2 yes.

3 MR. BURCHETT: Okay. Fair
4 enough.

5 And, then, does anybody have
6 any other New Business that has come to light since
7 we last met?

8 DR. COMPTON: Is the intent
9 still with the foster children to have them all under
10 one carrier?

11 MS. BATES: So, the contracts
12 that are out there, you can see out there on the
13 Finance website, they're made public, the model
14 contract that is associated with the RFP and it still
15 has the foster children in the one program and the
16 adoption subsidy for children are optional.

17 DR. BURCHETT: The only other
18 thing that I had thought about, too, I know we sent a
19 recommendation to the MAC for the vision benefits to
20 go to the vision carrier and the medical benefits to
21 stay with the parent MCO before. Is that right,
22 Steve?

23 DR. COMPTON: We did. We made
24 that recommendation.

25 DR. BURCHETT: Would it be the

1 will of the TAC to make that recommendation again
2 because we have a new contracting situation?

3 DR. COMPTON: I guess the one
4 question, is it necessary since we've made it once?

5 MS. BATES: What was the ask?
6 I'm sorry.

7 DR. COMPTON: The recommendation
8 - I don't know when it was - was to let the
9 subcontractors, the vision plans administer the
10 vision benefits and the MCOs administer the medical.

11 MS. BATES: Is that not what's
12 happening now?

13 DR. BURCHETT: The vision
14 contractors do all of them.

15 MS. ALLEN: At Avesis, we have
16 the----

17 MS. BATES: Tell me how it
18 works.

19 MS. ALLEN: At Avesis, we have
20 the ability to administer the full service. So, we
21 do eye medical as well as routine, and the request
22 that was submitted to the MAC was to separate the
23 two.

24 I'm curious, what was the
25 response that you received from the MAC?

1 DR. COMPTON: Well, the MAC
2 approved it and passed it on to DMS.

3 MS. HUGHES: You didn't get a
4 response?

5 DR. COMPTON: Well, there's been
6 no new contracts since then. So, I'm sure we got a
7 response and it was something along the lines we'll
8 take into consideration.

9 MS. BATES: So, what is your
10 reason for wanting that? I'm just curious because in
11 my mind, I would think you would want everything to
12 go to one. I'm just curious.

13 DR. COMPTON: I'm going to step
14 on - this is me talking and I will probably step on
15 some toes.

16 MS. BATES: That's okay. I do it
17 all the time.

18 DR. COMPTON: We have more
19 headaches and more issues billing vision plans for
20 medical benefits than we do if we bill the MCO
21 directly. They do that all the time.

22 MS. BATES: Got you.

23 DR. COMPTON: And the vision
24 plans, LeeAnn and our practice, they do a great job
25 if it's a vision diagnosis, but we run into all sorts

1 of issues----

2 MS. BATES: Like denials?

3 DR. COMPTON: Denials, don't use
4 CPT coding like the rest of the world, prior
5 approvals. There's just a lot of hurdles and
6 roadblocks. It's just not as smooth. It's probably
7 80% of our hiccups. I'm guessing at 80.

8 DR. BURCHETT: Remind me. It's
9 been a while and I can't remember yesterday. Wasn't
10 there some issues, too, with like when you had a
11 primary insurer and if the Medicaid was supplemental,
12 getting the claims transferred over on medical stuff
13 because it had to go to the MCO and, then, I guess
14 maybe be taken to the vision provider?

15 DR. COMPTON: Or our Medicare/
16 Medicaid crossover.

17 DR. BURCHETT: Yes, things like
18 that.

19 DR. COMPTON: And if you've got
20 a diabetic on Medicare.

21 MR. SMITH: So, for Anthem and
22 with EyeQuest, we do have the arrangements you guys
23 are talking about where we do the routine and, then,
24 Anthem does all the medical.

25 I mean, honestly, in my

1 opinion, they both have their pros and cons. I know
2 we had those misdirected claims, right, and we have a
3 process for that. That can happen, things like that.
4 I think you guys just mentioned that. Some crossover
5 stuff does happen from time to time, too.

6 DR. COMPTON: The example I was
7 going to use, you have a Medicare patient with
8 Medicaid secondary, a diabetic.

9 We do a comprehensive exam, a
10 92014 to Medicare. They pay 80%. It goes to
11 Medicaid and they don't use those 92000 codes. They
12 just like to relegate those to routine benefits.
13 That's not the definition of a CPT but that's
14 commonly how it's used and then you get a rejection.

15 MS. BATES: So, a couple of
16 things. One, I can't tell the TAC what
17 recommendations to make. So, I feel like if the TAC
18 wants to make that recommendation, they should go
19 ahead and make that recommendation just so that way
20 it's documented and it's out there. So, I will just
21 say that with regard to that and contracts and stuff.

22 What I'm really hearing is that
23 Avesis or the MCO or whoever needs to do a little bit
24 more work in that department until there is a
25 resolution because 80% of the issue shouldn't be

1 that, right? That should be worked out.

2 DR. COMPTON: Eighty is a number
3 that I just took----

4 MS. BATES: Right. Well, but we
5 only remember the bad stuff, right? So, it's
6 probably really more like 60 or 50.

7 DR. COMPTON: We'll say the
8 majority. There's who knows.

9 MS. HOLMAN: Like, I was having
10 to change the diagnosis to send it to them and to get
11 them to pay the----

12 MS. BATES: Right. Right, which
13 I'm glad that our Program Integrity person is not
14 here.

15 DR. COMPTON: Well, that's still
16 a legit diagnosis.

17 MS. HOLMAN: When Medicare paid
18 it with the diabetic diagnosis, to me, Medicaid
19 should, too.

20 MS. BATES: So, I suspect you
21 will probably get some direct interaction with that
22 but go ahead and make your recommendation and, then,
23 we'll try to figure it out, too.

24 DR. COMPTON: If it's legal, I
25 would love to sit down and just talk but I don't know

1 if we can do that.

2 MS. BATES: Well, I don't know
3 if you've noticed but all the TAC rules that were
4 going on before aren't happening now.

5 DR. COMPTON: Well, we're still
6 subject to open meetings.

7 MS. BATES: If you all meet----

8 DR. BURCHETT: So, the three of
9 us couldn't be at a meeting and sit down and talk
10 about TAC stuff.

11 MS. BATES: I don't know. We're
12 not attorneys, so, keep that in mind, too.

13 MS. HUGHES: Based upon some
14 Q&A's that the Attorney General's Office put out, it
15 kind of implies that, but that does not mean that,
16 like, Dr. Compton, you can't pick up the phone and
17 call them or even right now, you could have a
18 conversation with them and try to get something
19 going.

20 MS. ALLEN: I know that Dr. Levy
21 is very interested in continuing the discussions.
22 We've had a number of discussions previously. So, if
23 it's something that we can work out to work with you
24 and the KOA directly, we would welcome that
25 opportunity.

1 We've talked about introducing
2 the S codes into Kentucky but the S codes are not
3 linked by the Board. So, there are different options
4 that we have, but it is difficult to utilize one set
5 of procedure codes to administer to benefits and
6 that's what we're doing.

7 So, we would like to identify a
8 resolution for that. And, again, Dr. Levy would be
9 more than happy to come out. I wish I could speak to
10 it better but clinical is not my forte and I will
11 probably get us in trouble if I tried.

12 So, if it is something that we
13 could please allow open lines of communication with
14 Dr. Levy, that would be great.

15 DR. COMPTON: Here's another
16 thing. It says here for quality of care and
17 outcomes. I've got a Medicaid recipient, diabetic
18 but they're also near-sighted. So, it's much easier
19 for me to put that near-sighted code. It goes
20 through. Everything is smooth, but you can't track
21 how many diabetic patients have had their eye exam.

22 MS. ALLEN: I think in the 2020
23 codes, there were four new procedure codes that
24 identified diabetic members. And, again, I'm about
25 to get myself in trouble because it's not my area of

1 expertise but I have coordinated the system getting
2 updated to allow those new codes.

3 So, there are some things I
4 think that we may be able to do based upon the 2020
5 codes that were released, but if we could talk about
6 it and if I could have the appropriate team members
7 here because I'll get us in trouble.

8 DR. BURCHETT: Well, my other
9 question, too, if we decide or don't decide to make
10 that recommendation, if we've already made it, do we
11 have to make it again?

12 MS. BATES: I would.

13 DR. BURCHETT: Okay. That's
14 fine.

15 MS. BATES: Especially if it's
16 been a year or whatever you said. I obviously didn't
17 even know about it if that tells you anything.

18 DR. BURCHETT: Okay. Fair
19 enough.

20 DR. COMPTON: If we don't make
21 it now, the new contracts are for what period of
22 time?

23 MS. BATES: It doesn't matter
24 when the - you're associating the recommendation, a
25 policy with the contract and they're not related.

1 It's not going to be related.

2

3 DR. COMPTON: I've got no
4 prob0em with us making that recommendation to the
5 MAC.

6 DR. BURCHETT: A second?

7 DR. SAWYER: I'll second.

8 DR. COMPTON: And in the
9 interim, we may get it fixed.

10 DR. BURCHETT: So, we have a
11 motion and a second. Any more discussion? All in
12 favor?

13 MS. ALLEN: Will this be
14 presented at the next MAC meeting?

15 DR. BURCHETT: Yes, I would
16 assume.

17 MS. HUGHES: Did you all want to
18 request that the person she is referring to come and
19 talk to you at your next TAC meeting?

20 MS. ALLEN: He will be here.

21 DR. COMPTON: He's real good at
22 talking. We just want him to listen.

23 And here's the other thing. If
24 a nurse practitioner treats pink eye, they will bill
25 a vision plan. They'll bill the MCO if it's the eye.

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DR. BURCHETT: Well, any other
New Business? Any other questions that we might have
for the Department?

MS. BATES: We have emails if
you think of something.

DR. BURCHETT: So, we need a
motion to adjourn.

DR. UPCHURCH: I will make a
motion.

DR. COMPTON: Second.

DR. BURCHETT: So moved.

MEETING ADJOURNED

1

2